health record based process to routinely assess and manage cardiovascular disease (CVD) risk. **METHODS:** This project was pilot tested in one Geisinger Clinic using EpiCare's® EHR system. Five computerized procedures were tested during routine encounters to: 1) Deploy an automated protocol to identify patients meeting criteria for CVD risk assessment; 2) determine data elements missing to assess heart attack risk; 3) automatically consent and order lab and patient self-reported risk questionnaires to assess risk; 4) activate a modified Framingham CVD formula to calculate individual patient risk; and 5) engage patients at moderate to high risk to review risk factors and define goals. **RESULTS:** Over a 12-month period, 1610 patients were eligible for screening, all of whom were missing data on one or more CVD risk factors. Of these, orders for labs and questionnaire were placed for 27%; of these, 93% completed some or all measures and 86% of those asked completed the online risk assessment questionnaires. Using a modified Framingham risk-scoring algorithm, 36% patients who were fully assessed, were at moderate or high risk of a heart attack and were scheduled to set goals to reduce their risk. Almost half of these patients completed their goal setting module. Goals were filed back to the EHR as a reference for monitoring patient progress. **CONCLUSIONS:** This preliminary test of a new model for CVD risk management suggests that automated protocols based on the EHR can be used to routinely identify, assess and manage cardiovascular disease risk. Primary care physicians can use EHR based processes to improve patient management.

PCV6

MODELED ACHIEVEMENT OF OPTIMAL LIPID VALUES WITH EXTENDED-RELEASE NIACIN/LOVASTATIN VERSUS SIMVASTATIN/EZETIMIBE COMBINATION THERAPY IN AT-RISK PATIENTS

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OBJECTIVES: Non-achievement of combined optimal lipid values (OLVs; LDL-C, HDL-C, and triglyceride [TG]) is associated with a 45% increase in cardiovascular events. Multiple lipid abnormalities may require combination therapy, however sparse data are available comparing marketed combination products (extended release niacin/lovastatin [ERN/L] and simvastatin/ezetimibe [S/E]). We modeled OLV attainment with ERN/L, S/E, and components within a managed care (MCO) database. **METHODS:** Patients were selected from a 2.1 million record database based on: lipid panel between 1/1/00 and 12/31/01, no concomitant lipid therapy, and continuous eligibility for 24 months. Initial lipid values and cardiovascular risk status (determined by ICD-9/CPT codes, prescription records) for each patient was identified, and treatment effects were modeled using product labeling at maximum doses. OLVs were based upon NCEP ATP-III, AHA Women's guidelines, or ADA guidelines. **RESULTS:** We analyzed 44,351 patients; 50% male, age 65 + 13 years, and baseline lipids: LDL-C 131 + 35 mg/dL, HDL-C 48 + 15 mg/dL, TG 159 + 77 mg/dL. At baseline, 10.1% achieved OLVs which increased with ERN/L 56.1%, S/E 48.4%, ERN 36.4%, L 35.6%, S 42.3%, and E 18.4% (chi-square $p < 0.05$ all vs baseline; ERN/L vs S/E, ERN, and L; S/E vs S and E). In 2° prevention (N = 20,948), OLV increased from 8.2% to 51.1% ERN/L, 50.4% S/E, 27.9% ERN, 31.8% L, 45.0% S, 17.7% E ($p < 0.05$ for vs baseline; ERN/L vs ERN and L; S/E vs S and E). In diabetes (N = 8,164), OLV increased from 7.4% to 50.5% ERN/L, 46.0% S/E, 28.2% ERN, 30.2% L, 41.9% S, 16.4% E ($p < 0.05$ all vs baseline; ERN/L vs S/E, ERN, and L; S/E vs E), with similar results in 1° prevention (N = 23,403). **CONCLUSIONS:** In this MCO population, OLVs were best achieved with ERN/L versus S/E. In a broad sprectrum of risk populations, ERN/L achieved significantly greater OLVs than each of it's individual components, in contrast to S/E.

PCV7

A PROSPECTIVE STUDY EVALUATING STREPTOKINASE THERAPY ON CLINICAL OUTCOMES AND COSTS IN PATIENTS WITH MYOCARDIAL INFARCTION AT A TERTIARY CARE REFERRAL HOSPITAL IN KERALA, INDIA

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OBJECTIVE: This prospective, observational study evaluates the medication utilization patterns and cost of treatment of patients treated for myocardial infarction (MI) at a government institution in Kerala, India. **METHODS:** Patients with a diagnosis of MI and received streptokinase (SK) therapy are enrolled into the study. The following data is collected: demographics, clinical outcomes, laboratory results, ECG resolution, drug utilization parameters, and cost data from a patient perspective. The cost of drug therapy for each patient is calculated utilizing the Current Index of Medical Specialties 2004. Logistic regression univariate analysis is conducted to determine the association between outcome and treatment factors with $p < 0.05$. **RESULTS:** One hundred fifty patients are enrolled. The mean age is 59.1 years and 77% of the patients are male. The average pain to treatment period for SK therapy is 4.69 hours, while the average door to treatment period is 79.9 minutes. A total of 34.7% of the patients experience a post SK ECG resolution above 70% and in hospital mortality is 12.67%. Logistic regression results indicate that greater than 70% resolution on ECG is associated with shorter treatment window period, non anterior infarct, dyslipidemia, lower CPK-1 level, and lower rate of mortality. Increased mortality is associated with heart block, hypotension, low ECG resolution, arrhythmias, low ejection fraction, CHF, and less use of beta blockers, nitrates, ace inhibitors, and atorvastatin. The average cost of care to the patient is Rs 5600.15 (SD Rs 13762.87). The average cost to the hospital for free medicines is Rs 2629.06 (SD Rs 1515.22). Patients who had at least 70% ECG resolution have an average cost of Rs 4090.28, while patients who had less have an average cost of Rs 5539.98. **CONCLUSION:** Management of myocardial infarction utilizing SK appears to improve clinical outcomes and be cost-effective in a government setting in Kerala, India.

PCV8

OUTCOMES OF CONGESTIVE HEART FAILURE INPATIENTS TREATED WITH NESIRITIDE

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OBJETIVES: Nesiritide is indicated for the intravenous treatment of patients with acutely decompensated heart failure who have dyspnea at rest or with minimal activity. In a recent study it was recommended the drug be used only for inpatient settings. We investigated effectiveness of Nesiritide in a group of Congestive Heart Failure (CHF) inpatients using Solucient's ACTracker inpatient database. **METHODS:** A cohort of 28,332 Congestive Heart Failure patients discharged from 21 hospitals from 4/2003 to 6/2005 was selected with 7,668 patients treated with nesiritide as study group and a comparison group of 20,664 non Nesiritide treated patients. Chi-Square and t tests were used to compare the two groups for mortality rate and hospital length of stay (LOS) respectively. Conditional Logistic regression was